ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address):	FOR COURT USE ONLY
TELEPHONE NO.:	
E-MAIL ADDRESS (Optional): FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	0.405.48.88.05.0
CHILD'S NAME:	CASE NUMBER:
CHILD'S DATE OF BIRTH:	DELATER DIOTO (I
PETITION TO OBTAIN REPORT OF LAW ENFORCEMENT AGENCY/JUVENILE Welfare and Institutions Code, §§ 827.9, 828	RELATED CASES (if any):
1. Petitioner's name and address (if representing another person, organization, or agency, provide names and addresses):	
2. Petitioner's relationship to child (if any):	
3. Police department or law enforcement agency possessing records:	
Report number:	
4. The reasons for this request are: (Describe in detail. Attach additional pages if necessary.)	
Continued on attachment 4.	
5. The Notice to Child and Parent/Guardian Re: Release of Juvenile Police Records was served on the child/parent on (date):	
I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.	
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)
Number of pages attached:	
PETITION GRANTED PETITION DENIED	
Date:	
Date.	
	JUDICIAL OFFICER